# REQUEST FOR APPROVAL OF PERQUISITES OR SALE OF GOODS AND SERVICES

<table>
<thead>
<tr>
<th>TO: Office of Human Resources</th>
<th>FROM:</th>
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1. University Code: FAU

2. (Check one)  
   a. ☐ New request for approval  
   b. ☐ Request to revise existing approval--Request #  
   c. ☐ Request to delete existing approval--Request #_________

3. a. County Code: _______  
   b. Facility ____________________________  
   c. Address: ____________________________

4. CLASSIFICATION INFORMATION:  
   a. Pay Plan  
   b. Class Code  
   c. F.T.E. in Class  
   d. Class Title

5. JUSTIFICATION/REMARKS:  
   a. Required? (Y or N) _____  
   b. Justification Code: _______
   c. Justification Narrative:

6. ITEM DESCRIPTION:  
   a. Goods or Services Code: _________  
   b. University Item I.D.:  
   c. Narrative Description:

7. PER UNIT COST INFORMATION:  
   a. Class Code to State  
   b. Annual Cost  
   c. Annual Maint. Allowance Cost  
   d. Annual Fair Market Value  
   e. Annual Charge to Employee  
   f. Monthly Cost to State

8. Total Annual Cost for all Positions: _________  
9. BEGINNING DATE: _________ ENDING DATE:_________

10. BASIS FOR COST DETERMINATION:

11. ___________________________________________  
    Requesting Department  

12. ________________________ Date

13. ___________________________________________  
    Human Resources  

14. ________________________ Date

15. ACTION TAKEN:  
   a. ☐ Approved  
   b. ☐ Disapproved

16. By: ____________________________  
    University Authorized Signature  
    Date